

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 568841

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2			/				
3							
4		3					
5			/				
6	/		/				
7			/				
8			/				
9		2					
10		3					
11			/				
12	1						
13		3					
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15	1		/				
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50							
TOTAL IND.	2	↓	2	↓		↓	
TOTAL DEP.	22	←	13	←		←	
TOTAL CLAIMS	24		15				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.					↓		
TOTAL DEP.					↓		
TOTAL CLAIMS					←		←